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MEDICAL MUSEUMS,

WITH SPECIAL REFERENCE TO THE ARMY MEDICAL MUSEUM AT WASHINGTON.

THE PRESIDENT'S ADDRESS.

Delivered Before the Congress of American Physicians and Surgeons, September 20, 1888.

BY

JOHN S. BILLINGS, M.D.,

SURGEON, U. S. A.

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THE MEDICAL NEWS,

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ON MEDICAL MUSEUMS.

With special reference to the Army Medical Museum at Washington.

BY JOHN S. BILLINGS, M.D.,
SURGEON, U. S. A.

GENTLEMEN OF THE CONGRESS: Our articles of confederation require that the President shall give an address. In endeavoring to comply with this regulation I must ask your indulgence, for, while I think I have something to say, I cannot give you such a discourse as would befit the audience, the occasion and the subject.

The prominent characteristic of the great majority of the societies composing this Congress is that their members have, as a rule, been chosen because they have either made some valuable contribution to medical literature, or have, in some way, rendered aid to the profession; in other words, they are supposed to be men whose labor and thought have not been confined to their own interests, or to those of their own patients. It may, therefore, be assumed that you are all interested in medical science, not merely as a means of giving new modes of diagnosis or of treatment, but also for its own sake, for the sake of knowing, for the pleasure of investigation, and in the hope of helping others, and that, while the majority have devoted themselves more or less to special branches, they have not, in so doing

lost interest in what may be for the general good of the whole profession.

I am here as the representative of the medical departments of the general government, which has need of the best knowledge of all the specialties, and is beginning, in its turn, to do something for each.

The physicians in the government service are all general practitioners, and are expected to have such an education and training as will fit them to deal, alone and without consultation, with the diseases and injuries to which men, women, and children are liable. You have been, and still are, their teachers—in the lecture-room and the hospital before they entered the service — in your text-books, monographs, and contributions to journals or transactions which follow them to their widely scattered posts of duty. They are your warm friends; the more you discover, the greater your skill, the more recognition which your work receives, the better they are pleased.

Within the last twenty-five years the general government has, in its turn, done something for medicine and for you, by founding and maintaining a medical library and museum in Washington under the direction of the Medical Department of the Army.

I have had occasion several times to call attention to the library, which no doubt is that part most immediately useful to physicians, and which has attracted most attention. To-night I propose to speak of the other branch, in whose proper development it is desirable that you should take an intelligent interest, and after giving a brief sketch of the development of modern medical museums we will consider more especially our own national medical collection as it is, and as it ought to be.[1]

[1] As a "museum," in the original sense of the word, is a building or place in which are collected objects of interest to the muses —that is, objects of art, literature, etc.—the phrases "medical

The origin of collections of objects of natural history was possibly, as suggested by Beekman, the custom of keeping curious objects in temples; but we have no record of the formation of any collections specially connected with anatomy or medicine before the sixteenth century. It is true that human anatomy had been introduced in the schools by Mundinus in 1306, and that no doubt in Bologna, in Paris, and a few other places, a skeleton or two was preserved for purposes of instruction; but alcohol was unknown as a preservative before the end of the fifteenth century, anatomical details were of no interest until Vesalius had stirred up controversy with the Galenists, and injected preparations were not thought of until after Harvey's announcement, in 1628, of the discovery of the circulation of the blood.[1]

The introduction of the use of the microscope at the beginning of the seventeenth century, and the collections of preparations for use with this instrument made by Leeuwenhoek and Ruysch, gave a powerful stimulus to formation of museums of this kind. The most famous

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museum," "museum of pathology," etc., would have seemed quite improper in the days of Hippocrates, just as the prevailing pronunciation of the word mu'seum grates on the ears of the elders accustomed to the strictly proper way—*i. e.*, muse'um. Custom has, however, so strongly sanctioned the use of the word museum in the sense of a collection of different articles, that it would be folly to attempt to give it a more limited signification, and, though lexicographers still recognize only the word as accented on the penultimate syllable, the tendency to accent the first syllable is so strong and constant that it is safe to predict that mu'seum will, in popular usage in this country, ultimately win the day.

[1] For accounts of the collections formed between the days of King Solomon and the end of the seventeenth century, consult tome ii. of the Musei Museorum of Michael Bernhard Valentin, in folio, published at Franckfort in 1714, wherein are curious engravings of many of the wonders contained in these museums. See, also, Hagen (H. A.), The history of the origin and development of museums, American Naturalist, 1876, x. p. 80.

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of these collections was that of Ruysch, purchased in 1717 by Peter the Great, and sent to St. Petersburg. Ruysch was practically the first to prepare injected anatomical specimens for permanent preservation, and, if the stories told of his work are true, he made preparations which have never been surpassed. His museum was a very ornamental one, the bones and skeletons being arranged in various devices, the plants in bouquets, while scattered through the whole were beautifully engrossed sentences from the Latin poets.

The most famous medical museum in the latter half of the eighteenth century was that founded by Fontana, at Florence. This still exists, filling a series of rooms, and consists mainly of wax preparations, beautiful to look at, but inaccurate, and of little scientific value.[1]

During the first half of the present century a number of private collections were formed by anatomists, pathologists and surgeons. Most of these have become public collections, either by gift or purchase, and the rest have been dispersed or destroyed. There is not in existence, at the present time, any large collection of specimens pertaining to human pathology which is the

[1] The first use of wax models to represent pathological specimens or dissected preparations of parts of the human body is attributed to a Sicilian priest, Gaetan Jules Zambo, who lived in the latter part of the seventeenth century, and who had been accustomed to make wax models of diseased or deformed hands, feet, etc., to be used as *ex voto* offerings at the shrines of certain saints. The fame of these induced a Florentine surgeon, Ricci, to visit the priest and to get him to model some pathological specimens which he furnished. A Franciscan, named Desrones, brought this art to France, and made many such models between the years 1703–1706, and Bianchi formed a large collection of the same kind in Italy. It was scattered after his death, and the last vestiges of it were two models representing a healthy and a diseased liver, which were to be seen in Innspruck in 1766. (Percy et Laurent, in Dict. des Sci. Méd., Paris, 1818, vol. xxxv., article "Museum.")

property of an individual, and is at all comparable to those made by John or William Hunter, Astley Cooper, Howship, Liston or others. Commenting on this fact, Sir James Paget writes me that he does not know of any large private pathological collection, and that he believes the change to be entirely for the better.

The necessities of modern progress in anatomy, physiology and pathology, have led to the creation of medical museums in all parts of the civilized world. In most of the continental capitals these are connected with universities supported by the state. In Great Britain and in this country they are, as a rule, connected with private, or semi-private institutions for medical teaching. This difference is connected with the relative position which medicine holds in the educational machinery of the state in different countries. Where medical education is furnished by institutions directly supported by the government, the museums, which are a part of the apparatus required, are, of course, also supported by the government.

Through the aid of friends, whose kindness in replying, or in obtaining replies, to somewhat troublesome inquiries, I cannot sufficiently acknowledge, I have obtained certain data with regard to some of the most important medical museums now existing in the world, and a part of these data are summarized in the table before you.[1] Evidently the city having the most valuable aggregate of anatomical and pathological specimens at the present time, is London, which contains the collections of the Royal College of Surgeons, of St. Thomas's, Guy's, St. Bartholomew's, St. George's and other hospitals, and of University College, the College of Physicians and others. The oldest public anatomical museum in London is probably that of St. Bartholomew's, which, in 1726, had

[1] See Appendix.

a room set apart for the purpose under the charge of John Freke, and which received the private collection of Abernethy. The most important medical museum in the world, and the one which has exercised the greatest influence in giving direction to anatomical and pathological studies, and in serving as a model for the formation of other collections, is undoubtedly that of the Royal College of Surgeons of London, the foundation of which was the collection made by John Hunter, purchased by the government in 1799. In one sense it is not a government institution, the funds from which it is now supported not coming directly from government grants; but, in another sense, it is truly such, since the College may be looked upon as an agent of the government having special charge of matters connected with medical education, as it is the principal examining body for those proposing to practise surgery in Great Britain.

The great value of the Hunterian collection lies in the breadth of its scope, which includes every branch of medical science; but it is preëminent in illustrations of human morphology and its abnormities. The museums of the great hospital medical schools are relatively richer in the department of pathological anatomy, specimens of which they have greater facilities for obtaining. Among these there is, of course, a certain amount of duplication of matters of interest; but no two pathological specimens are precisely alike, and the question discussed in the Paris school one hundred and fifty years ago, viz.: "An pro distinctis ægris ægritudines diversæ?" is one that often occurs to a curator as he examines new specimens which differ but little from those already in his collection, but which do differ in some respects, and with regard to which he must decide as to whether, upon the whole, they are worth the trouble and cost of preservation.

Edinburgh and Dublin have also each large and valu-

able collections pertaining to anatomy and medicine.[1] In Paris the medical museums are those of the Faculty of Medicine, including the Musée Dupuytren devoted to pathological anatomy, and the Musée Orfila devoted to human and comparative anatomy, materia medica, natural history and instruments and apparatus.

Professor Leon Le Fort, to whom I am indebted for data with regard to these collections, remarks that a large proportion of the anatomical specimens of the Orfila museum come from candidates who take part in concours opened for positions connected with the anatomical teaching of the faculty—such as prosectors, demonstrators, etc., each candidate being required to furnish from ten to thirty specimens.

The medical museums of other European countries are connected as a rule with universities, and it is to be remembered that in these the different branches of medical instruction are each both more specialized and more comprehensive than is the rule with us. The professor of anatomy, of physiology, of pathology, has each his own building or institute, and, therefore, each his own museum; and unless this fact be held in view, comparisons between Continental and English, or American, medical collections may give very erroneous results.

With regard to the museums connected with American Medical Schools I will say little, referring you to the table and appended notes for such data as I have been able to collect. I am aware that in so doing I put aside a splendid opportunity to enlarge upon the general superiority of all these collections and the peculiar ex-

[1] I am indebted to Sir James Paget for the information given with regard to the greater number of the British museums. I had originally intended to attempt to obtain such data only from four or five of the largest; but on sending my little list of questions to Sir James he took such a kindly interest in the matter as to send a copy of these queries to a number of other museums with the request that they might be answered.

*

cellences of each, but I think that you all know as much about these as I do and there is time only for details with regard to the one American Museum in which I am specially interested. I will say only that the best museum connected with a medical school in this country is the Warren Museum in Boston, and that the history of the collections of wax models, upon which several of our museums have expended large sums of money, is very instructive as to how not to do it.

So far as mere number of specimens is concerned our own national medical collection is one of the eight largest in the world, and is increasing more rapidly than any other.

This collection, known as the Army Medical Museum, owes its inception to Dr. Wm. A. Hammond, one of whose first acts after becoming Surgeon-General, in 1862, was to issue a circular stating that "as it is proposed to establish in Washington an Army Medical Museum, medical officers are directed diligently to collect and to forward to the office of the Surgeon-General, all specimens of morbid anatomy, surgical or medical, which may be regarded as valuable; together with projectiles and foreign bodies removed, and such other matters as may prove of interest in the study of military medicine or surgery."[1] By the end of the year over a thousand specimens had been collected, and the catalogue printed in 1866 showed that it contained 7716 specimens. It is not my purpose in this address to trace the history of its development; that must be done elsewhere. It has recently been placed, with the Library, in a conveniently arranged fire-proof building, and on the first of July last contained over 15,000 specimens besides those contained in its microscopical department, divided as follows:

[1] Circular No. 2, Surgeon-General's Office, Washington, D. C., May 21, 1862.

Comparative Anatomy	1,689
Pathological	8,354
Medals	384
Microscopical specimens	10,416
Normal Human Anatomy	2,961
Instruments and Apparatus	814
Microscopes	141
Miscellaneous	835

Besides these there are 375 specimens pertaining to normal human anatomy and 726 to pathological anatomy, which are in what is called the provisional series.

It is not, however, by number of specimens that the importance and value of museums of this kind can be judged; and in this case such a comparison would give an exaggerated and erroneous idea of the value of this collection. My object in this address is not to boast of what we have, but to indicate what we want; to point out what a National Medical Museum, arranged to meet the wants and interests of this country, should be, should have, and should do, and to suggest some of the ways in which this is to be brought about.

At first the Army Medical Museum was limited to military medical subjects, but of late years its scope has been greatly broadened, and is now nearly the same as that of the Royal College of Surgeons. It includes human anatomy, physiology, pathology, somatological anthropology, instruments and apparatus, and illustrations of methods of teaching connected with special departments of practical medicine. It does not at present include hygiene or materia medica, except in their immediate relations to the military medical service, and this for reasons which will be stated presently. That our National Medical Museum should be broad and comprehensive in its scope there can be no doubt, its requirements in this respect being quite different from those of collections formed and used more especially for the purpose of teaching medical students. The most

practically valuable of these last are those formed by individual professors to suit their own specialties and methods of teaching. They need not, as a rule, be large. I may even say that they should not be large; for the labor of properly preserving a large collection is great, and the student, with his limited time and want of knowledge of what to look for, can examine but few specimens so as to profit by them. For the same reason specimens of rare abnormities, of double monstrosities, etc., are of little use in ordinary medical teaching as given in this country, and are not specially desirable in the museums of our medical schools.

You may have noticed that, in speaking of the scope of our museum, I said it included "human anatomy." This phrase does not mean that it has no specimens illustrating the structure of other animals,—for it has many, and needs many more; but it means that in this department its main purpose is not to make comparative anatomy an end to itself by exhibiting all known variations in structure throughout the animal kingdom as a basis for their study in relation to development and environment, causation and results. In other words, it is not an anatomical museum but a medical museum. The broad field of general biology, including natural history and comparative anatomy, will ultimately be covered by the National Museum, and in our medical collection it will be quite enough to illustrate human anatomy fully, using so much of the structure of the lower animals as will be useful in explaining why certain parts of the human body are thus, and so, and not otherwise. No sharp line of distinction can be drawn between the field of work of the general, and that of the medical museum. So far as morphology is concerned, they must necessarily overlap somewhat, since both want a certain number of the same specimens although using them to illustrate different points of view.

The medical museum should possess a series of speci-

mens showing the normal anatomy of the domestic animals, or of animals used in experimental pathology, pharmacology or physiology as a basis for comparison with abnormal or pathological specimens derived from the same animals. It is in the section of embryology, illustrating laws of heredity and development, that specimens from the lower animals are most interesting, and this is especially the case in the study of human abnormities and monstrosities. It is quite possible that to some anatomists it may seem that no limitation should be placed to the scope of the museum in this direction, for it is easy to trace some connection between any variation in structure in any animal and some structure, normal or abnormal, in man, but the limitation is placed, with reference to the work of the National Museum, so as to secure the best results.[1]

The kind of specimens most valued for illustrating anatomy in a museum is now very different from what was sought for in the first half of this century. Dried and varnished dissections showing bloodvessels, etc., are now looked on as nearly useless, and are kept only as historical relics. Elaborate dissections under alcohol, mounted in opaque dishes, with flat glass covers, and sections of frozen bodies, similarly mounted, are what the student and the practitioner most desire to see. In our museum there are some excellent specimens of this kind, prepared under the direction of Professor His, of Leipzig; of Professor Cunningham, of Dublin; and by our own anatomist, Dr. Wortman. These, however, are

[1] In the great majority of medical schools in this country anatomical teaching has a much more limited field than in the German universities, and our professors of anatomy, following English traditions, are usually in training for surgery. We have, however, several who are devoting their entire work to anatomy in the broad sense, and for its own sake, and it is in this direction that progress will be made.

only samples to show how the work should be done. We require several hundred such specimens to illustrate properly regional anatomy in relation to age and sex, while the possible applications of the same methods to the illustration of visceral displacements, hernias and deformities of all kinds are boundless. As regards physiology, but little can be done by museum specimens to illustrate function as distinguished from form and structure. The so-called physiological series in the Hunterian collection, is a series of organs illustrating variations in different families of the animal kingdom or at different ages; in other words, it illustrates ontogenic and phylogenic development. The things students or teachers of physiology are most anxious to see in a museum are specimens of instruments and apparatus employed in experimental physiology, or in the measurement of the special work of different organs, or in illustrating lectures on physiology. Illustrations of results obtained in experimental pathology often belong quite as much to physiology, as, for example, specimens of results of Gudden's atrophy method.

The Army Medical Museum has only a beginning of such an anatomical collection as I have indicated as desirable. Like all other museums, it is richer in specimens illustrating osteology than in any other branch of anatomy, simply because such specimens are the easiest to obtain and preserve. We are accustomed to think that human anatomy is nearly exhausted as a field for original research, and that, at all events, every important organ or muscle or nerve has been figured, described and named. Granting this, so far as the adult is concerned, although it is by no means true even for him, we have still to study the development of each of these organs or groups of organs, as seen at different ages, and, for some of them, in different races. As fast as these points are seen to be of practical interest, either in connection with diagnosis or the surgical treatment of

disease, they are investigated; but an ideal museum should furnish the investigator the means for his researches; and it must, therefore, collect specimens without special regard to what is at present known to be their practical interest. The collection of such series of specimens of each joint, region and organ, as I have in mind, including sections and dissections at different ages from the earliest appearance in fœtal life to extreme old age in man, and in many cases in the lower animals, is a slow process. Such specimens, and especially such series of specimens, can only be prepared by a skilled anatomist, and there are few such; hence, the formation of our ideal anatomical collection, limited though its scope may be, must be a work of time.[1]

There is ample material and scope for original work for half a dozen skilled anatomists for many years to come to supply the demands of this museum for illustrations of human morphology in its various relations, and it is not desirable to scatter effort over too wide a field.

The pathological section of a medical museum is its main feature, being, as Mr. Flower remarks, the section to which, in the eyes of Hunter and his successors, all others form merely the introduction. It is true that to some physicians specimens in this department seem to have little value; but they are balanced by those physicians whose chief interest in a case of disease is to get a post-mortem. No doubt much of the ancient pathology, and some of that which is quite recent, is comparable to the looking in the dark for a black spot which is not there, but those who despise pathology, and devote

[1] As Sir William Turner remarks: "Where a question in human embryology hinges upon an examination of parts in a very early state of development, we have often to wait for many years before an appropriate specimen falls into the hands of a competent observer."

their entire attention to symptoms and treatment, err as much on one side as those who talk and act as if a knowledge of pathological anatomy could take the place of clinical experience do on the other. I do not know, however, that the doctrine usually preached, viz., that each man should attain the just mean in his views, is a true one. Certainly it is not the principle on which the universe seems to be constructed; the balance is maintained, not by having everything exactly symmetrical, but by excess in one direction balancing excess in another.

To secure pathological specimens in their most instructive forms for museum purposes requires, in many cases, not only considerable variation from the usual routine methods of post-mortem examinations, but very considerable delay in ascertaining the results. If, for example, we wish the best specimens of the results of cerebral disease, the brain must not be removed and sliced up in the usual manner; it should be hardened *in situ* to a certain extent, and its sections should be carefully considered with reference to their preservation in their relations to each other before they are actually made. There is need of a treatise by a skilled pathological anatomist giving such methods in detail from the modern point of view.

Thus far, the great majority of contributions of pathological material to our museum have been made by army medical officers; but some of the most valuable specimens have come from practitioners in civil life, and it is to these last that we must appeal for illustrations of the effects of disease in all parts of the country. There are difficulties in the way, of course. The physician in private practice does not make post-mortem examinations in five per cent. of the deaths of patients under his charge, and when he does come into possession of an interesting specimen he is very naturally inclined either to keep it himself, especially if it is an osteological one

which can be preserved with little expense or trouble, or to put it in the little collection which has been formed at the dispensary, or asylum, or hospital. I hope, however, that when it becomes known that we are trying to form in Washington a complete medical museum for the benefit of the whole medical profession, and that we have the means of permanently and securely preserving, and exhibiting to the best advantage the specimens sent to us, I say that I hope and believe that when this is understood many physicians will be willing to take a little trouble, and to give up something of their very natural impulse to keep a trophy of their skill, or a curiosity to talk about, in order to promote the general good.

As a rule, single specimens of abnormity or of disease have little scientific value; it is only when they are associated with others that they both furnish and receive light. To this audience it is unnecessary to give other reasons as to why physicians should contribute material to the national collection, nor as to why the curator of this collection is justified in being very bold in requesting such material; but there is one objection to parting with certain specimens which is sometimes made, and to which I will refer, because it brings up one of the ways in which our ideal medical museum can meet a practical need of the family practitioner. The objection I refer to is, that the specimen may be important from the point of view of medical jurisprudence; that it has a special bearing in certain suits for malpractice, etc., and that, therefore, the owner wishes to keep it to be used as testimony to protect himself or his neighbors. There is some truth in this; but it is also true that such specimens brought together in the national museum would be just as available as ever for the protection of the rights of the individual physician, while they would also be available for the benefit of the whole community.

Whether the specimens preserved are, or are not,

desirable for and useful to the museum, it is certain that the securing and forwarding them is a very useful thing to the physician who does it. It tends to keep him in touch with current living thought and work of the profession, to direct his attention to the connection between symptoms and the mechanism of their production, which is often so important in deciding on the remedy to be used, and, above all, it gives him an interest in other men's work, and thus broadens his views and increases his knowledge and pleasure.

Having obtained the specimens, the next difficulty is so to prepare and preserve them that they shall be available for study. The great majority cannot be preserved in such a manner as to retain their natural color, size and texture. No doubt more might be done in this direction than is usually done. It is possible to stain or paint portions of specimens in such a way as to give some idea of the normal appearances, but thus far, I think, experience shows that the best medium for the permanent preservation of wet pathological specimens is alcohol, and this will contract and harden most tissues, and remove the color from nearly all. It is also an expensive mode of preservation for large collections, and requires constant care to prevent the effects of evaporation. It does not follow, however, that such specimens are of little value, and that, as some have urged, it would be better to seek to obtain records of the results of disease by colored drawings or models. The pathological specimen, whether seen at the post-mortem, or years afterward in a museum, is, to the scientific pathologist or the practical physician, merely a sign or hieroglyph of the morbid process which has produced it; it is a result, in most cases, of interest not in itself, but because of the preceding phenomena which it connotes. As Sir James Paget has said, the same objection, viz., that museum specimens are unfit for the teaching or the study of pathology, might be made to the study of botanical specimens in an herba-

rium. "In both cases alike, the changes produced by preparation are so far uniform that any one accustomed to recent specimens (and no others should study either herbaria or pathological collections) can allow for them or 'discount' them. Just as an anatomist can discern, in a recent specimen of disease, the healthy structure; so, but often much more clearly, can the pathologist or any careful student discern in the prepared specimen the chief characteristics of the disease."[1] Colored drawings, casts, and models are of great value in supplementing original specimens, but they cannot wholly replace them.

A good preparation, whether of normal or abnormal structure, but especially the latter, is valuable, not only for what we can see in it, but also for what we overlook or misinterpret, and which our successor may see, and see rightly. In this it is better than a mere description, yet the latter is equally necessary and much more easily preserved and made generally useful. Next to the preparation itself in accuracy and completeness of record is the photograph, and next to this is a good model, or a careful drawing.[2]

In medical and surgical matters, as in most other things, we habitually think in terms of vision as interpreted by touch. Hence, in part, the importance of the so-called object-teaching, and the fact that what the

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[1] British Medical Journal, 1880, ii.

[2] To realize the value of a good drawing, one should consult the illustrations of the works of Vesalius, Eustachius, and other anatomists of the sixteenth and seventeenth centuries. The dissections and preparations which they made perished long ago. It is true, that there is still in existence, at Basle, a skeleton prepared by Vesalius; and possibly a few other osteological specimens preserved by the older anatomists and pathologists may still be in existence, but, as a rule, to which there is almost no exception, we must depend on the plates of these old folios to get at the true meaning of the text.

medical lecturer shows his class will usually be much better remembered and understood than what he says to it. And, while pictures and diagrams are of great assistance they are by no means as instructive and suggestive as representations in three dimensions, *i. e.*, models, if the thing itself is not available.

One of the most important sections of our museum is that devoted to microscopy, including normal and pathological histology and photomicrographic work. In the cabinets there are nearly 11,000 mounted specimens, illustrating almost every field of microscopical research. Many of these were made twenty years ago and more, and were mounted by processes which have not given good results, so that Dr. Gray, who is in charge of this section, estimates that about 3000 will be set aside as worthless; but the rest form a very valuable series to which additions are being constantly made, and materials for which we are specially anxious to obtain. In connection with this section a series of cultures of chromogenic and pathogenic bacteria is kept up for museum exhibits, and also to illustrate methods of work.

While the great majority of the specimens in a medical museum have some relation to diagnosis, prognosis, or therapeutics, the number of those which are of direct interest to the so-called practical physician is not very great. It includes models and casts illustrating dermatology, morbid growths, the results of amputations, excisions, plastic operations, etc., and instruments, apparatus, dressings, etc., of all kinds. Here also may be classed hospital fittings and furniture, means of transportation for sick and wounded, model cases of instruments, emergency chests, etc. Our medical museum has a fair beginning of a collection of this kind, including over a thousand specimens; but many more are needed to make it reasonably complete. If each medical man who devises a stethoscope, a pessary, a speculum, an ophthalmoscope, or an electro-therapeutic appliance

with which he is well pleased, would send a specimen to the collection, its increase would certainly be rapid, and it could always show the latest improvement.

An ideal medical museum should be very complete in the department of preventive medicine, or hygiene. It is a wide field, covering, as it does, air, water, food, clothing, habitations, geology, meteorology, occupations, etc., in their relations to the production or prevention of disease, and thus far has had little place in medical museums, being taken up as a specialty in the half dozen museums of hygiene which now exist.

Our own National Museum of Hygiene is, as you know, under the direction of the Medical Department of the Navy. It is a very interesting collection of sanitary appliances of various kinds; but it is not well housed, is much overcrowded, and its location is so inconvenient that it receives but few visitors, and, therefore, has by no means the educational influence that it ought to have. It should be provided with ample quarters in the immediate vicinity of the National and of the Army Medical Museums, to both of which it would form a very desirable supplement. In our medical museum, at present, military hygiene only is illustrated, and this only in a few branches, such as hospitals, means of transportation of wounded, etc. As regards materia medica, an exceedingly well arranged collection, including about 5,000 specimens, has been formed in the National Museum, under the direction of the Surgeon-General of the United States Navy, by Dr. J. M. Flint, of that service. The relations of materia medica to natural history, commerce, and the arts, which are subjects belonging especially to the National Museum, are as close as they are to medicine, and I am very glad that our national collection in this branch is where it is, and under its present management. In the Medical Museum we have a collection showing what is supplied in the way of drugs, instruments, etc., to the medical department of our army, and,

as opportunity offers, we shall extend this to include the medical supplies of other armies or services.

The extent to, and manner in, which a medical museum should deal with anthropological and ethnological problems are not questions to be discussed in the abstract with advantage, since the answers must differ greatly according to circumstances. In our National Museums the matter has been so arranged that all material relating to anthropometry, or to real or supposed structural differences in man according to race, are cared for in the Medical Museum, while specimens illustrating manners and customs, implements, weapons, clothing, pottery, etc., are taken charge of in the anthropological division of the National collection.

The Army Medical Museum contains what may seem a large amount of material relating to human osteology, and especially craniology, in its relations to North American ethnology, or the history of the development of different varieties of man on this continent; but it is not actually half large enough to permit of drawing definite scientific conclusions from it. The majority of the crania which it contains have been measured to a certain extent, and the results have been published; but many other measurements are desirable to permit of comparison with series taken elsewhere, and even measurements already made must be repeated by later and better methods. We have been trying some experiments with composite photography and superimposed contour tracings as a means of obtaining typical outlines and dimensions for race groups of crania, and these give promise of good results. If the collections of crania of North American Indians in Boston, New York, Philadelphia and Washington could be brought together, a very much better average presentation of the majority of tribes or groups would be obtained than can be furnished by either of these collections taken separately. By composite photography and tracings, combined with

uniform methods of measurement, we can practically bring these collections together, and obtain results nearly as satisfactory as if we had them all in one room. We have also fitted up one large room with instruments and apparatus for anthropometry in its widest sense, including psychophysical investigation, and it is intended to make this a complete laboratory for illustration of methods of work.

In London arrangements have been made to have such an anthropometric laboratory in an outbuilding at the South Kensington Museum. The two things have no connection, and it seems to have been placed there because it would obtain more visitors desirous of being measured and tested than if placed anywhere else. In this laboratory, which is, I believe, essentially the same sort of institution as that arranged by Mr. Francis Galton at the Health Exhibition in 1884, and is planned by Mr. Galton, any person can have the regular series of measurements and tests made upon himself for a charge of six cents. There are difficulties in the way of making a charge for such meusurements in a government establishment, and there are also difficulties in undertaking to do such work gratis, chiefly on account of the cost. It is, however, so desirable that it should be done, and the data which such observations systematically carried on for a series of years would be so valuable, not only from a scientific point of view, but for practical purposes in connection with life insurance interests, and very possibly with practical medicine, that we should endeavor so overcome these difficulties in some way, and I think it can be done sufficiently, at least, to stimulate private enterprise in this direction. It is possible that we may yet see in large cities establishments of this kind, directed by skilled and reputable physicians having the confidence of the profession, where not only normal but abnormal conditions can be determined; places where the secretions can be tested chemically and microscopically,

ophthalmoscopic and endoscopic examinations of all kinds made, the mode of functioning of muscles and nerves determined, and an authoritative record of the results made for the use of the individual, as evidence of his condition, or for the information of his physician. It would require an already established reputation and much skill and tact on the part of the director of such a laboratory, with absolute refusal to give prescriptions or advice in any shape, to make it fully successful; but it may be done.

An important feature of our national medical museum should be to show methods of research and of instruction for the benefit of the investigators and teachers of the country. This includes instruments and apparatus, and, to a limited extent, illustrations of the modes of using them and of the results; it also includes diagrams, models, etc., used for illustrating lectures. For example, as soon as Koch's researches became known in this country, physicians, and especially medical teachers who visited the museum, asked if we could show them the apparatus used by Koch and Pasteur in bacteriological work, and eagerly examined the few specimens of cultures on solid media which we were able to exhibit. The anatomist comes to the museum quite as much to see methods of mounting and preservation, as to see the specimens themselves; the physiologist does not expect to see function directly exhibited, but he does hope to find information about kymographs and constant temperature apparatus, and he wants to see whether Kühne's artificial eye is so useful for teaching purposes that he ought to get one to illustrate his lectures.

Medical museums are not, as a rule, freely open to the public, nor are they collected or arranged with reference to interesting or instructing non-professional persons. The Medical Museum at Washington is the chief exception to this rule, and it is so, because it was placed in Ford's Theatre, the scene of the assassination of Presi-

dent Lincoln. Many visitors to Washington, both men and women, wished to see this memorable spot, and in doing so, necessarily went through the Museum. This gradually led to the adjusting of the specimens exhibited with a view to the fact that they were to be seen by a number of non-professional persons of both sexes. Certain groups of specimens were put aside and not shown except to persons known to be physicians, while other groups were given prominent places because they interested the public, although not of great professional or scientific value.

On the other hand, the public has gradually become accustomed to consider the Army Medical Museum as one of the "sights" of Washington, to be visited by male and female, old and young, and when a stranger comes to the city and inquires what he ought to see, this museum will probably be named to him next after the National Museum. Since the collection has been moved into the new building near that devoted to the National Museum, of which it may almost be said to form a part, the number of visitors has rather increased than diminished, and it has been found desirable to consider with care some problems which this state of things has forced on the attention of the curator. That educated men and women should have some curiosity as to the structure of their own bodies, the functions of certain organs, the arrangement of parts in certain localities where they have felt pain or discomfort, or the changes which have caused death in relatives or friends, is perfectly natural and proper, and there is no objection to gratifying this curiosity to a very considerable extent. The wonder to me is, not that boys and girls, youths and maidens, men and women, like to see specimens which will teach them something on these points, but that so many of them remain ignorant of, and careless about, the wonderful mechanism of their own bodies. Now what are the specimens in a medical museum which most interest the

public, and in what direction is it expedient to try to direct this interest and to do educational work by means of the exhibits? In the first place, the majority of men and women, when at leisure and trying to amuse themselves, or to pass away time, prefer things that appeal more or less to the emotions, rather than those which appeal only to the intellectual faculties. The skeleton of a hand will be barely glanced at; but if it were known that it had been the hand of a great general, a great writer, or a great criminal, it would be a specimen that almost every one who visits the museum would wish to see. Usually it is not expedient, nor even possible, to furnish the personal data which would arouse this purely emotional interest.

When people come to the Army Medical Museum and ask where General Smith's brain, or Judge Brown's heart, or the Hon. Mr. Jones's larynx, or Guiteau's skeleton is, and are informed by the attendant that he does not know where it is, and is not even certain that it is in the collection, there are some expressions of disappointment, it is true; and sometimes the curator is appealed to as a last resource; but a few words of explanation as to what the main purpose of the museum is, and the suggestion that one would not like to have his or her father's skull displayed and labelled with his name, no matter how great or how infamous he may have been, is usually quite sufficient to satisfy the seeker.

This addition of interest to a specimen by calling attention to certain sentimental or historical associations connected with it, is not only proper but desirable, for all specimens not derived from the human body; but for these last, the rule should be to wait a hundred years before publicly labelling them with the names of the persons from whom they are derived.

For scientific and professional purposes we, of course, want a history of the specimen, which will, as far as possible, give the data connected with its peculiarities, and

among these may be race, occupation, and even name, though the emotional element does not enter into it at all. If, for example, we had before us a specimen of cancer of the stomach, it might be of great interest, taken in connection with the symptoms, or in regard to the question as to whether pylorectomy or gastro-duodenostomy would have been justifiable; but from a scientific point of view it would add little to the value of the specimen to know that it was from the body of Napoleon and not from an unknown soldier.

To return to our question as to what interests the public. Of specimens illustrating the anatomy and physiology of man no doubt the most interesting to non-medical persons are those connected with reproduction. In the hall of the Army Medical Museum, which is open to the public, we do not place specimens illustrating specially the anatomy of the genital organs; but we do exhibit a series illustrating embryology, and especially the development and growth of the human embryo, and there is no case in the museum before which the average visitor will linger longer. The specimens are clearly labelled; a lady may go there alone, and, unnoticed, may at her leisure learn something about her own peculiar function, and the provisions for the life of the new organism; and I think she will hardly find the same facilities for this self-study anywhere else in the world. I do not mean by this that other museums may not have larger and more instructive collections of such specimens, but that they are not available for the information of modest, respectable non-professional women.

In what has been said thus far, it is chiefly the utilitarian point of view that has been made use of; but this is by no means the whole matter. No art, and no branch of science should form the sole end and object of a well balanced life, and there are objects in every large museum which are of great interest, though they appeal rather to the emotional than the intellectual faculties of

the spectator. There are many specimens in the Army Medical Museum which I would rather see removed than to lose John Hunter's lancet, which has no scientific interest whatever. So also its collection of between three and four hundred medals and tokens relating to medical institutions or distinguished medical men, or commemorating outbreaks of pestilence or the victories of preventive medicine, is one which should be made complete and fully displayed, though it would not be easy to demonstrate its utility to any one unless he were interested in the history of the struggles and triumphs of the medical profession.

The objects of a medical museum are to preserve, to diffuse and to increase knowledge. Its conservative function is to form a permanent record of what has been demonstrated and to fix the meaning of terms. Even in my brief experience of thirty years the terminology of anatomy, physiology, pathology, chemistry and of most of the specialties has greatly changed, and this not only by addition of new terms, but by the dropping of old ones. To get useful results from the older literature we must know the precise significance of the old words, and, in some cases, the best way to learn this is to examine the specimens prepared by those who used such terms in their descriptions. The specimens in our museum which came from the collections of Professor William Gibson and Dr. Frank Hastings Hamilton are especially valuable, because they were the basis of practical teachings, and should be examined by any one criticising these teachings.

A large proportion of the pathological specimens in this museum illustrate conditions which now rarely occur, forming a group which it is safe to predict will never be duplicated. It is not only that they were gathered during a great war, but that they illustrate the results obtained when antiseptic surgery, as now understood and practised, was unknown. Never again, I

hope, will there be brought together such a collection of the effects of pyogenic microörganisms on gunshot wounds, especially of bone, as may be seen in its cases.

The museum also preserves, for future investigations, objects whose nature or relations are not understood at the time when they are received, and which occur so rarely that the means of studying them by comparison can only be obtained through such preservation.

Upon the function of a museum as a diffuser of knowledge;—as a means of education; it is needless to dwell. That it should also strive to increase knowledge is equally certain. This is to be effected by study and comparison of its materials. The results of such study and comparison of a part of the Army Medical Museum collection have appeared in the volumes of the *Medical and Surgical History of the War*. Another part will, I hope, soon be utilized in a study of its collection of human skeletons and crania which has been commenced by Dr. Matthews, of the Army. But a considerable part is as yet only in the stage of agglomeration, and our present business is to collect and preserve, leaving to the future its full utilization.

A medical museum is really used, for purposes of study, by very few persons; but through the teaching of those few its lessons are made known to the whole profession. American physicians in investigating a subject do not, as a rule, think of inquiring as to what museums can show with regard to it, simply because they have not had convenient access to large collections and are not accustomed to make use of them. Thirty years ago we were in much the same situation in respect to medical literature; but as the libraries have grown, desire for bibliographical research has grown also, and I think that in like manner when we have secured a comprehensive National Medical Museum it will not only be made use of, but will give a powerful stimulus to the formation and progress of other more special collections elsewhere.

What should be the relation of this central national collection to those formed in different parts of the country, either in connection with medical schools, or with museums of broader scope? Certainly they should help one another, and this can be done in many ways. I do not in the least object to a generous rivalry to do the best work, to have the most instructive and the most artistic preparations. That is a good thing. But I would say to the anatomist of a school, when you have made a preparation which is noteworthy, offer to make a copy for the national collection, where it will be seen by the anatomists of all schools and of all countries. To the pathologist of a medical school I would say, after you have secured type specimens for your own collection put aside other good specimens for the National Medical Museum, which will furnish you materials for the purpose.

On the other hand, the collections of the National Museum are available for study by any proper person, and its duplicates should be used to aid other museums which may be in special need of them.

In common with several of the largest and most important medical museums, more especially those of the Royal College of Surgeons and of the Faculty of Medicine of Paris, the Army Medical Museum has the advantage of being closely associated with a large medical library which is in the same building, and at present under the same direction. The increased utility and attractiveness which this gives to both library and museum are very decided.

It is true that in some other institutions similarly arranged there has been some grumbling as to the proportion of funds allowed to the museum and to the library respectively, the museum enthusiast claiming that the librarian would rather have one rare old pamphlet than half a dozen entirely new vertebrates, while the bibliophile is sure that the demand of the profession for access to a full supply of books and journals is much

greater than that for access to specimens. I can only say, from my own experience, that one who has charge of a library only, will probably not hesitate to take museum funds, if he can get hold of them, to buy books; but that when one person is responsible for both he will endeavor to give each its fair share of the resources at his command.

If we had to choose between having a great national medical library and a great national medical museum, no doubt most of us would take the library, because it would be of more immediate use to us; but no such unpleasant alternative is forced on us. There is no reason why we should not have both, and we must have both.[1]

I have time for only a very condensed statement of the wants of our National Medical Museum. In the first place it needs the intelligent interest and friendship of the medical profession of this country. To a very considerable extent it has had this; were it otherwise it would not be what it is, nor where it is. But it needs more of it, and it can never have too much. Every medical man in this country should help a little and provide for the perpetuation of his name as that of a physician interested in the progress of the profession by sending at least one specimen to it. It is omnivorous in its demands for material, as will be seen by the circular which it has recently issued.[2] But I will name as special wants, human embryos, especially those of a very early age, monstrosities and malformations of all kinds in man or in the lower animals; results of old injuries, such as fractures or dislocations, or of surgical operations, such

[1] "There are few things in relation to our science of which I am more sure than this, that every possible method of studying it should be by all possible means promoted." Sir James Paget, in Lancet, January 22, 1887, p. 159.

[2] See Appendix.

as excisions, stumps, etc.; injuries and diseases of the eye, ear and nose; new growths of all kinds; diseases of the brain and spinal cord; and specimens illustrating the condition of bones, joints, brain, larynx and other organs in extreme old age.

In the second place it needs a regular supply of funds from the general government. To form and keep in proper condition such a medical museum as this should be is a more difficult and expensive matter than those not acquainted with such work would suppose, and the gifts of specimens from the profession must be supplemented by ample means for the preparation, preservation and proper display of these specimens, and also for the purchase of apparatus and typical specimens of foreign work, in order that the Museum may be always able to show the latest state of knowledge and the best ways of doing things.

The annual appropriation for the Museum at present is $5000. This is sufficient, except that the printing of the catalogue, of which I shall speak presently, must be an extra charge; but the medical profession should see to it that the amount is not reduced in the rhythmic spasms of partial economy with which some of our statesmen are afflicted.

The third need of the Museum is of a series of the right kind of descriptions of its specimens, given on labels and in a catalogue. Unaided by such descriptions it has for each man that which he can see in it, and no more. One man will see nothing but an old piece of bone, a shapeless mass of tissue bleached by alcohol, a case of old, dingy brass instruments. Another will see in the same things a rare joint atrophy, implying curious abnormal nerve influence; a leprous nodule, whose history, if we knew it, would reach back through the lazar-houses of the middle ages to the far east, and whose bacilli may be the lineal descendants of those that vexed Naaman the Syrian; a case of microscopes illustrating

the development of that instrument, from the first rough iron tube of the spectacle-maker of Nuremberg to the delicate and complicated instrument through which we now peer curiously into that world which lies within the world of unassisted vision. By our labels and catalogues we must tell men what to see; but to do this we must first see ourselves. The aphorism that a first-class museum would consist of a series of satisfactory labels with specimens attached means a good deal. Something has been done in this direction, as you will see on inspection of the cases; but I often wonder what sort of labels a man who has spent years in investigating the normal and abnormal structure and relations of one organ would write for our specimen of that organ. Such help as this we need; kindly, truthful criticism, the pointing out of errors and of new points of view for this mass of material.

We also need a series of printed catalogues. One of these should be in the form of compact handbooks relating to particular sections of the collection, and intended partly for the use of visitors while in the museum and partly as a ready means of letting distant friends know what material it most needs in different departments. It should also print a complete illustrated catalogue of the whole collection for the use of the investigators and teachers of the profession. Congress has been requested to grant authority for the printing of such a catalogue by the Government Printer. The material for it is nearly ready, and it would make three volumes each the size of one of the volumes of *The Medical and Surgical History of the War of the Rebellion*.[1]

[1] Some large and valuable collections have no formal catalogues; but the results have been published in essays, monographs, or text-books by those who have formed them. This is the rule as regards the collections at the various anatomical and pathological institutes and laboratories of continental schools. I have examined most of the published catalogues of medical museums,

The subject of museum organization and management is one of those with regard to which it has been said that a man who is interested in it passes through three successive states of mind, viz.: First, he thinks he knows almost all about it, except a few minor points of detail which he is going to look up. Second, he feels that he will never know anything about it. Third, he believes he knows a little and hopes by experience and study to know more.

The museum needs earnest and well-trained students to work up its collections so as to advance knowledge, and, at the same time, to display properly the specimens so as to make them most instructive. To all such students we shall endeavor to afford opportunities for this work. Precisely how this is to be effected is not yet clear, but here is abundance to be done, and there are quite a number of men coming on the stage who want to do such work for its own sake, because it gives them pleasure. Sooner or later we shall have half a dozen or more of specially trained men busy in the laboratories and work-rooms of the museum, each engaged on his own problems, and the whole for the common good.

The medical museum hints at matters which lie outside the scope of known physical and chemical laws. Physicians have not, as a rule, been very virulent theologians; their studies and their daily work tend to give them compensation of bias in this particular, and, there-

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partly to obtain information as to the best methods of doing such work, and partly to ascertain what might be worth indexing in them. Some of them are mere lists of specimens, of no value except for use in the museum itself. A few give accounts of many specimens, especially in pathology, which make them valuable works of reference apart from the collections themselves. To what extent such detailed descriptions should be made for publication, including brief histories of cases, depends partly on the character of the specimens, partly on the skill of the describer, and partly on whether illustrations are to be used or not.

fore, in this age of transition in beliefs, it is not so true of them as of others, that "the old hopes have grown weak, the old fears dim, the old faiths numb." In our medical museum yonder may be found abundant illustrations of the results of physical and chemical actions and reactions upon what was once living matter, and was connected with centres of consciousness, of intellect, of emotions which imply something more than ordinary protoplasm or mere metabolism. It brings together strange company. The men who dwelt on the sides of the Andes in the old Aztec days, the men who built cities in the Gila Valley centuries before the days of Columbus, the Esquimaux, and the Indian of the plains, black and white, red and yellow, all sorts and conditions of men are represented in those bony caskets which once held their centres of life and thought; but now are reckoned only as so many crania in the Museum catalogue. The great majority of the pathological specimens imply either suffering or death, or both, of the individual from whence they came. Some of them are the results of intemperance, of lust, of folly and crime; but some are the results of unselfish sacrifice for the good of others, true flowers of blood and pain. A large group of them form one of the relics of an acute paroxysm of disease of a great nation. The old pensioner likes to keep the battered ball which crippled him, and so these relics have an interest beyond that which is purely professional. That the nation is not crippled by its loss, takes nothing from their interest, and the fact that we are physicians does not imply that we look upon them from a medical or scientific stand only. Those of the combatants who survive are now better friends than ever, and the museum specimens, coming as they do from the sick and wounded of both armies, and contributed by both Union and Confederate surgeons, enforce the lesson of the unity of the profession and of its interests, as well as that of our country.

Our museum, like the library with which it is associated, includes all the specialties. No physician is so learned or skilful that he can find no instruction there, and no one is so ignorant that he cannot comprehend some of the lessons which it teaches. Taken together these institutions should contribute in no small degree to our national prestige, for which eminence in scientific work and teaching is an essential element, and if it be remembered that they are only twenty-five years old, and that during that period we have been making medical history at a tremendous rate, surely some incompleteness and crudeness may well be excused or overlooked.

Speaking in behalf of the army medical department, and for the dead as well as for the living who have been charged with this work, I can truly say that we have been very proud of our charge, and that we have done our best, each according to his capacity and opportunities, to make the museum and library such as a great profession and a great nation have a right to demand.

APPENDIX.

Locality and Name of Museum.	Total number of specimens.	Number of Specimens in each Department.					Number of specimens added during last five years.	Amount expended during last five years.
		Comparative anatomy.	Normal human anatomy.	Embryology.	Pathological anatomy.	Materia medica.		
UNITED STATES.								
Albany:								
Medical College Museum . . .	5500	250	1250	200	3100	700	770	$660
Boston:								
Warren Anatomical Museum, Harvard University	7900	...	...	...	...	...	470	8973
Chicago:								
Chicago Medical College Museum .	1332	122	300	10	200	700	...	...
Rush Medical College Museum . .	850	70	100	50	100	200	...	...
Cincinnati:								
Miami Medical College Museum . .	3078	450	603	75	823	1002	...	...
Museum of Hospital and Pathological Department of Cincinnati University	1250	...	...	...	1250	...	...	889
Louisville:								
Medical Department University of Louisville Museum	1992	276	275	127	868	446	..	2250
New Orleans:								
Museum of Tulane University . .	2500	...	...	...	...	...	...	500
New York:								
Pathological Cabinet of N. Y. Hospital	2366	...	...	...	2366	...	542	14,028

Museum of Medical Department University of New York	8000	1000	4000	500	2500	...	50	$7250
Wood Museum, Bellevue Hospital	2224	256	282	69	1613	...	...	...
Philadelphia:								
Mütter Museum, College of Physicians	3700	296	242	140	3000	...	...	...
Wistar and Horner Museum, University of Pennsylvania	7458	919	1355	292	2717	2175	...	2950
Jefferson Medical College Museum	2500	...	...	...	...	...	1000	...
Washington:								
Army Medical Museum	14,360	1685	2853	108	8354	814	3789	23,356
GREAT BRITAIN.								
Birmingham:								
Museum of Queen's College	3270	277	652	107	1400	834	1250	...
Cambridge:								
University Museum	...	120,000	4000		...	...	...	50,000
Dublin:								
Trinity College, Museum of Normal Human Anatomy	562	...	442	120	...	...	362	2175
Trinity College, Museum of Anatomy and Zoology	14,125	13,580		...	...	...	1000	4000
Trintity College Pathological Museum	4815	...	...	...	4815	...	650	...
Trinity College Museum of Materia Medica	200	...	...	...	...	...	...	...
Museum of Royal College of Surgeons	9797	3576		71	5011	1139	...	10,280[1]

[1] Four years (1883 to 1886 inclusive).

Locality and Name of Museum.	Total number of specimens.	Number of Specimens in each Department.					Number of specimens added during last five years.	Amount expended during last five years.
		Comparative anatomy.	Normal human anatomy.	Embryology.	Pathological anatomy.	Materia medica.		
Edinburgh:								
Anatomical Museum of University of Edinburgh	10,000	6000			4000	...	310	$5975
Museum of Royal College of Surgeons of Edinburgh	6700	1000	1050	350	4000	...	...	...
Liverpool:								
Anatomical and Pathological Museum, University College	2347	87	97	93	1500	570	600	3655
London:								
Museum of Medical School of St. Bartholomew's Hospital	7000	250	1200	150	5500	1400	939	6740[1]
Museum of Guy's Hospital	11,500	1929	1504	62	7515	500	358	10,066
Museum of King's College	6500	3000	323	177	2508	874	299	...
Museum of College of Surgeons	28,015	4278	3426	...	5650	...	1068	61,210
Museum of St. George's Hospital	6010	345	457	134	4644	430	356	3800
St. Thomas Hospital Museum	5940	673	656	...	4017	594	520	4560[2]
Pathological Museum of Charing Cross Hospital	1265	...	...	...	1265	...	...	...
Museum of University College	7500	391	765	270	5000	1000	641	8750

Manchester:								
Medical Museum of Owen's College .	6694	1763	281	135	2515	2000	...	...
Norfolk:								
Norfolk and Norwich Hospital Museum	2537	156	100	30	2251	...	71	400
Oxford:								
University Museum	8500	6922			...	...	580	8145
Paris:								
Dupuytren Museum	6700	...	...	...	6700	...	300	5000
Orfila Museum	14,027	...	...	...	...	...	500	3900
Berlin:								
Museum des Path. Inst. Fried. Wilh. Universität	17,600	...	...	...	17,600	...	1526	...
Anatomische Sammlung . . .	3000	1000	1500	500	...	...	374	3750
Pharmakologische Sammlung . .	2000	...	..	...	...	2000	600	750
Kiel:								
Anatomisches Institut der Universität .	2390	...	1520	870	...	...	350	5775
Zoologisches Institut	15,000	3000	...	...	...	...	...	9158
Leipzig:								
Anatomische Anstalt	3200	3200			...	...	...	...
Pharmakologische Anstalt der Univers.	2500	...	...	...	...	2500	...	...
Strassburg:								
Pharmakologisches Institut der Univers.	1720	...	...	...	...	...	485	6650

[1] Four years (1883 to 1886 inclusive).

[2] In 1885 and 1886.

Locality and Name of Museum.	Total number of specimens	Number of Specimens in each Department.					Number of specimens added during last five years.	Amount expended during last five years.
		Comparative anatomy.	Normal human anatomy.	Embryology.	Pathological anatomy.	Materia medica.		
Strassburg:								
Anatomisches Museum der Univers. .	2500	800	1580	120	...	...	609	$1875
Pathologisches Institut . . .	8000	...	...	...	8000	...	625	6250
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Museum der Pathologischen Anatomie Pharmakologisches Museum . .	...	...	...	...	4000	1100	...	...
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Anatomisches und vergleichend-anatomisches des Museum der Universität .	4512	2490	2022	...	...	...	...	...
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Path. Anat. Institut der Univers. . .	2560	...	...	...	2560	...	275	1000
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Museum der Anatomischen Anstalt .	3582	77	3212	293	...	...	333	...
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Museo d'Anatomia patologia umana .	2472	.	...	...	2472	...	154	1250
M. di anatomia comparata . . .	6334	6334	...	...	...	...	175	2500
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Inst. di anatomia normale dell Univ. .	12,000	...	12,000	...	...	...	3000	7000
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